

# South Dakota Beef Industry Council FACS/Ag Beef Program Expense Verification Sheet

Receipts must be attached to expense form.

**Remit to:**  
**South Dakota Beef Industry Council**  
**Holly Swee**  
**46969 299th St**  
**Beresford, SD 57004**



Teacher:

School:

Date	Cut of Meat	Store	Price
			Total:

Please provide a description of how the funding was used and include the following information. Use a separate sheet if needed.

Lesson description and list meals prepared:

Delivery method of lesson:

List class and/or grade where lessons were used and approximate number of students:

Impact—What were the main findings:

Feedback—Any pertinent comments:

Teacher Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For questions, contact Holly Swee at 605-957-5283 or [hswee@sdbeeff.org](mailto:hswee@sdbeeff.org)